

CLAIMANT'S NAME George Valverde			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT Motor Vehicles		
POSITION Director		CB/ID NUMBER 00	DIVISION OR BUREAU Executive			INDEX NUMBER		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 2415 First Avenue			TELEPHONE NUMBER		
CITY		STATE	ZIP CODE		CITY Sacramento		STATE CA	ZIP CODE 95818

(1) MONTH/YEAR		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
(2)		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME										MILES	AMOUNT		
April														
7	1343 1429	Sacramento							SC	4.50				4.50
20	1346 1459	Sacramento							SC	6.00				6.00
21	1528 1751	Sacramento							SC	14.00				14.00
May														
11	0657 0830	Sacramento							SC	7.50				7.50
12	0823 1633	Sacramento/Los Angeles/ El Segundo and Return							SC a SC	29.00				29.00
18	1200	Lakeport/Ukiah/ Fort Bragg	93.24			18.00			SC					111.24
19	2015	Fort Bragg/Garberville/ Eureka/Return		6.00	10.00	18.00	6.00		SC					40.00
25	0800	Red Bluff/Yreka/ Mount Shasta/Redding	93.24		10.00	18.00			SC					121.24
26	1630	Redding/Weaverville Return			10.00		6.00		SC					16.00
(10) SUBTOTALS			186.48	6.00	30.00	54.00	12.00			61.00				349.48

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL	\$ 349.48
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 4/7: Met with Assm. Dan Logue; 20: Met with Jerome Horton, Board of Equalization; 21: Business, Transportation and Housing Directors' meeting; 5/11: GTC West Executive Breakfast; 12: Participated in the El Segundo Driver Safety First Year Anniversary; 18/19: Met with staff at the Lakeport, Ukiah, Fort Bragg, Garberville, Eureka field offices to discuss various issues affecting DMV. 25/26: Met with staff at the Red Bluff, Yreka, Mount Shasta, Redding, Weaverville, Region I Field Offices to discuss issues affecting DMV. Participated in the Redding Driver Safety Office open house.		(12) NORMAL WORK HOURS
		(13) PRIVATE VEHICLE LICENSE NUMBER
		(14) MILEAGE RATE CLAIMED
		AGENCY ACCOUNTING OFFICE USE ONLY
		PAID BY REVOLVING FUND CHECK NUMBER
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.	CLAIMANT'S SIGNATURE DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)		DATE